

5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

163 ✓

Return should preferably be made
to the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Hayden County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH June 10, 1930 193
(Month) (Day) (Year)

LL* FATHER
ME Frank E. Mendoza

LL* MOTHER
IDEN Margarita Vidal
ME

I HEREBY CERTIFY that the child described herein has
been named

RICARDO M. MENDOZA

(Give name in full)

Margarita Vidal (Surname)
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Form X

941-610-453